

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

File No.—For State Registrar Only

4862

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3611.. Registered No. 10000..
(For use of Local Registrar)

(No. St. Ward)

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <i>Yes</i>	(7) DATE OF BIRTH <i>Feb. 28, 1923</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>Edgar Lee</i>			(14) NAME BEFORE MARRIAGE <i>Corinne Riley</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Jamison</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Jamison</i>	
(10) COLOR OR RACE <i>Negro</i>	(11) AGE AT LAST BIRTHDAY <i>21</i> (Year)	(16) COLOR OR RACE <i>Negro</i>	(17) AGE AT LAST BIRTHDAY <i>19</i> (Year)	
(12) BIRTHPLACE <i>Orangeburg Co.</i>			(18) BIRTHPLACE <i>Orangeburg Co.</i>	
(13) OCCUPATION <i>Turner</i>			(19) OCCUPATION <i>Housewife</i>	
(20) Number of children born to mother, including present birth <i>Three</i>			(21) Number of children of this mother now living, including present birth <i>3</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *7.44* M., on the date above stated. (Born alive or stillborn) (Hour) (M. or P. M.)(23) (Signature) *Ludy Shack*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Orangeburg Co.*

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Mar. 1, 1923

(28)

12.11

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.